

DoD Space Planning Criteria for Health Facilities

Clinic of the Future

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	

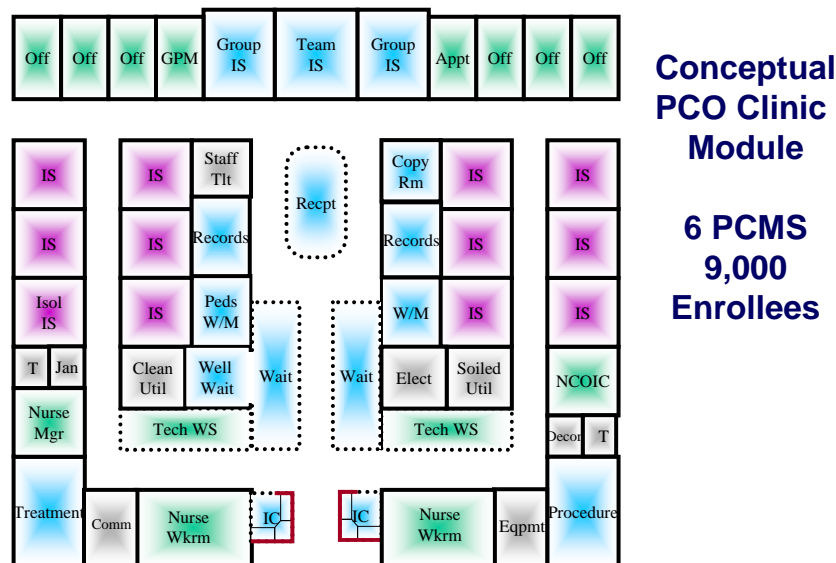
3.2 PCO Panels

1.0 PURPOSE AND SCOPE

This section provides guidance for the space planning criteria for “Clinic of the Future” Primary Care Optimization Panels in DoD medical facilities. This concept attempts to improve patient throughput and customer satisfaction through efficient and sensitive design. The concept emphasizes a “one-stop-shopping” approach to accommodate the majority of patient needs and improve overall customer wellness. The criteria in this chapter includes four major elements: (1) extensive definitions which clarify the purpose and use of rooms within the department; (2) policies which address overriding planning considerations; (3) a listing of data required to accurately program space requirements; and, (4) specific space planning criteria/formulas for determining space required to support Primary Care Manager (PCM) panels.

2.0 DEFINITIONS

Clinic of the Future (COF)/ PCO concept - This department was created to facilitate prevention and health delivery in comprehensive primary care manager (PCM) teams. It incorporates current technology and anticipates future technology in the hopes that the design will remain appropriate for the long term. It seeks to create patient-centered care by providing exam, treatment, education, counseling, records, and appointments areas within the clinic fabric. The COF/PCO concept encourages the use of cross-trained caregivers to minimize the number of patient interfaces and seeks to empower caregivers to provide a range of services focused on overall patient well-being. Central to the entire concept is on-line, accessible medical records within every exam room to allow the caregiver to provide comprehensive care management. See conceptual layout of COF PCO Clinic Module below. Note the layout does not contain all of the spaces allowed by criteria and is meant to illustrate the concept and basic workflow in the clinic.



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Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual.

Primary Care Manager - A primary care manager (PCM) is a medical provider who provides primary care and family medicine services to empanelled TRICARE Prime patients, and who supervises the patients' overall health and wellness care.

Primary Care Manager Panels - A PCM panel consists of a group of PCM's and support staff who function as a team to provide health care to their empanelled patients. A PCM panel can include one, some, or all of the following specialties: Primary Care, Family Practice, Flight/Undersea Medicine, OB/Gyn, Internal Medicine, Pediatrics, and Mental Health. Provider types may include physicians, physician assistants (PA's), nurse practitioners (NP's), and social workers. Panels generally range in size from 4-8 providers with two or more panels provided when the number of providers exceeds 8.

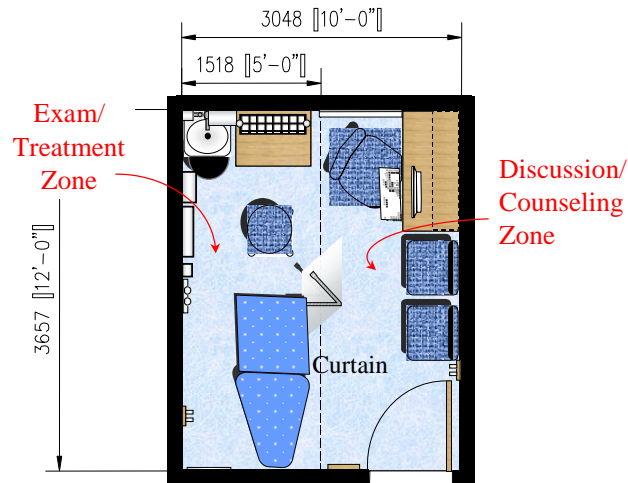
Primary Care Optimization (PCO) Team – AF specific term to represent a single PCM plus his/her associated support staff of nurses and technicians.

Exam Room - Patient/Care Giver interaction rooms that include a clinical (exam) zone and counseling/discussion (office) zone to allow most basic patient contact to occur within the room. The clinical zone contains the exam table, sink, medical supplies, and equipment for patient examinations. The counseling/discussion zone contains a provider work surface with Comprehensive Health Care System (CHCS) computer and patient chairs. The provider can use this zone to request specialty service consults, order laboratory tests, order prescriptions, and provide patient counseling and education. Access to on-line medical resources and common reference texts can also be provided. The exam rooms are intended to be grouped together at the front of the panel on each side of a central waiting area. Each room is furnished and equipped generically to allow use by all providers present and seeing patients on any given day. Each panel should also have a designated isolation exam room with the proper HVAC configuration for negative air pressure. One way to organize the room into zones is indicated below:

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EXRG3 Exam Room-120 nsf

Group Interaction Station - This room is furnished and equipped similar to a conference room and is also intended to be a multi-purpose extension of the counseling/discussion space in the Interaction Station. It can be used for family counseling, nutrition teaching, multimedia education, mental health/case management, team meetings, continuing education, and video teleconferencing. It is preferable to locate this room along an exterior wall so natural light can be provided.

Team Interaction Station - This staff only room is intended to serve as the team's "off-stage" area and, as such, should be located away from patient care areas so team conversations and interactions cannot be seen or overheard. It should be furnished and equipped to allow team meetings, team gatherings, and team breaks. It serves the multiple functions of lounge, locker room, and staff conference area. It is important that this room be pleasant to allow the team a respite from patient interactions. This room should be provided with natural light and a soothing décor.

Interaction Cubicles (IC's) - These are small, private desk spaces intended to be located at the front of the waiting area with a configuration similar to a library study carrel. The cubicles should be outfitted with a computer to allow a variety of self-help actions (as technology allows) such as: self check-in (menu driven), self assessment (artificial intelligence guide), information on over-the-counter items and drug interactions, history review & update, nutritional or fitness regimens, genetic awareness, educational inquiries, and multi-media programs (heard via headphones to provide audio privacy when required).

Screening/ Weights & Measures (WM) - Screening can be handled in one of two ways, depending on the concept of operations for the panel. Either traditional screening rooms can be provided (one for adults, and one for children if needed) or small screening alcoves can be provided for height/weight measurements with the main screening/ patient history activity occurring in the interaction station. In the future it is envisioned patients could use the WM area for "self-screening". An automated scale and sphygmomanometer would feed results directly into the patient's on-line records and be immediately accessible to their PCM. Patient history would be taken in the interaction station.

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Reception/Team Workstation (Rec) - This clinic reception point should be designed to be as open and accessible to the patient as possible to minimize the appearance of barriers that create a “me-versus-them” feeling. Patients should be made to feel they are a part of the wellness team, and this can be facilitated with low, open work desks and minimal clutter. Consider mounting computers under the counter and using flat screen monitors to de-emphasize the office-like appearance of this area. A more private area at the back of the workstation can be created with screens/dividers to allow space for technician work/charting while maintaining records privacy.

Decentralized Records - In the COF/PCO concept the PCM team takes responsibility for the total care of the patient including maintaining and managing patient records. Until records are truly paperless, they will continue to be stored in shelving units near the team workstation. Criteria provide a designated room for records storage, but high-density shelving should be used to minimize size of the room in anticipation of future paperless records.

Decentralized Appointments - Appointments clerks who handle the work templates for the PCM team should be located in a private room within the clinic near the team workstation. This enhances ownership of the entire patient health care experience.

Specimen Laboratory/Specimen Collection Point (Optional) - Providing space for a satellite laboratory function within the PCM clinic can minimize customer inconvenience. Check on concept of operations and availability of staffing, however, before providing a specimen lab. Services this laboratory could provide would include urine specimen collection, simple dipstick tests, basic microscope analysis, and other simple screening tests. Other functions that could be included to expand customer service would be blood drawing and immunizations, but this would be dependent on having available, trained technicians. Satellite labs can be located between PCM panels to support two panels, or they can be located central to multiple panels. A specimen toilet should be provided for each satellite laboratory.

Treatment/Procedure Rooms - Each panel should have access to a treatment room and a procedure room with attached toilet room. Very small panels can share a procedure room with the adjacent panel. Ideally, the treatment and procedure rooms should be located so patients do not have to pass them to reach the interaction stations.

CSS Suite or Decon/Scope Washing - The procedure rooms need an adjacent decontamination and scope washing room with a scope washing machine (e.g., Steris) if a small CSS suite is not provided. If the PCM panels are located in a small stand-alone clinic, a small central sterilization suite may need to be provided to serve the PCM panels and the rest of the clinic. However, if the clinic has a dental clinic function within it, the dental instrument-processing center (DIPC) may be adequate for this need. In that case, only the scope washing rooms supporting the procedure rooms would be needed.

Office: Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

Provider Office - In the COF/PCO scheme, providers go from exam room to exam room seeing patients and should have little need to return to their offices because computers with CHCS would be available for consults, prescriptions, records entry, etc. Therefore, their professional offices should be located away from patient traffic and near an exterior wall for natural light.

Management Offices - Private offices should be provided for the clinic managers (AF terms are Health Care Integrator (HCI) who is often a nurse and the Group Practice Manager (GPM) who is often a medical administrator.) The senior enlisted staff member (generally termed the NCOIC for non-commissioned-officer-in-charge or sometimes called the Superintendent) should also have a private office.

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Nurse Work Areas/Nurse Managed Clinic Rooms - Most of the nurses assigned to a PCM clinic are tasked with numerous other duties in addition to being a physician care extender. Some of these other duties include nurse call triage, patient follow-up, scheduling, and running a nurse-managed clinic for specific diseases/conditions such as diabetes, asthma, cancer, and pain management. Therefore, each nurse within the PCM clinic should be given a workspace. Mix of private workrooms versus cubicles needs to be determined at each location based on the specific duties of the nurses assigned. Nurses who spend a large portion of their day with direct patient visits, either for nurse managed clinic appointments or follow-up care appointments, should be given private counseling rooms ranging in size from 100 – 120 nsf. Nurses who spend most of their day on the floor, doing administrative work, and making phone calls should be given 60 nsf work cubicles.

Technician Work Areas - In the COF/PCO panel, medical technician support staffing needs to be robust to maximize provider productivity (AF support staff goal is 2 medical technicians and 1 administrative technician per PCM). While these technicians do not need dedicated desks, most of them will have a need for an administrative work area for short intervals throughout the day. Therefore, one or several small technician work rooms/areas should be provided per PCM team. Total technician work area should provide 40 nsf per desk for up to 50% of the technician staffing. These work areas should be located close to the IS's so that the technicians can better manage room usage and so that the rest of their team can easily find them. Desks should remain generic for use by all technicians on an as-needed basis. Note that administrative technicians, such as receptionists, should have a dedicated desk area.

Pediatric/Well Waiting - This is a segregated waiting area off the main waiting intended to serve pediatric well baby visits and well patient health screening/counseling visits. As the emphasis in health care shifts from illness to wellness, greater numbers of patients should be scheduled for counseling on health risk factors and for routine screening procedures. Sick patients would use the main waiting area. The well waiting area does not have to be fully enclosed but should be separated from the sick waiting area by a full-height dividing panel or wall.

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3.0 POLICIES

Use of Clinic of the Future (COF/PCO) Criteria - Use of COF criteria (Dept 37) in lieu of Primary Care Clinic criteria (Dept 19) or other related outpatient clinic chapters is strictly optional for each using Service. The using Service, affected MTF, and appropriate higher levels of command should fully understand and endorse the intent of the COF/PCO concept before implementing it.

Number of PCM providers - It is the responsibility of the executive committee medical staff of the military medical treatment facility, in consultation with appropriate higher levels of command, to determine the appropriate number of PCM providers to serve their projected number of patient enrollees. Each service may have target provider to enrollee ratios that should be considered when establishing this number with the local MTF.

PCM Panel Configuration - Determining the composition and size of the PCM panels or teams at any particular location is the responsibility of the executive committee of the medical staff of the military medical treatment facility. The panels can be multidisciplinary or a single specialty. It is recommended that all panels be designed to serve infants through retiree patients to maximize flexibility and interchangeability of the panels in the future.

Decentralized Services - It is not mandatory to decentralize records and appointments to the PCM panels, but is strongly recommended. If these functions are not decentralized follow the space planning criteria within Clinic Admin (Dept 18).

4.0 PROGRAM DATA REQUIRED

How many COF panels are projected?
How many FTE providers are projected?
How many nurse managers are projected?
How many FTE nursing staff are projected?
How many NCOIC/SMTs are projected?
How many officers or officer equivalents are projected?
How many staff will require a private office?
How many staff will require a cubicle?
How many medical technicians are projected?
How many appointment clerks are projected?
Will patient records be stored in this clinic?
How many patient records will be stored in this clinic?
How many MEDICARE records will be stored in this clinic?
Will patient records use fixed shelving?
Will patient records use moveable shelving?
How many shelves high (5 or 6) will be used?
Does the Infection Control Risk Assessment warrant an isolation waiting room?
Are pediatric and OB patients seen in the clinic?
Is an isolation room required?
Is a procedure room required?
Will screening be performed in the exam rooms?
How many nurses will require an office for direct patient appointments for counseling/follow-up?
How many nurses will require an exam room for direct patient care appointments?
Will there be vending machines in the staff lounge?

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Is a Central Sterile Supply (CSS) or Dental Instrument Processing Center (DIPC) available?
Will laboratory collections be performed in the clinic?
Will immunizations be performed in the clinic?
Number of immunizations projected per week?
Number of injection stations?
Will cardiac stress testing be performed in this clinic?
Will pulmonary screening be performed in the clinic?
Will EKG testing be performed in the clinic?
Will OB non-stress testing be performed in the clinic?
Will there be a Residency Program?
Will there be a Residency Program Director?
Will there be a Residency Program Secretary?
How many Residents are projected?
How many Residency Staff require a private administrative office?
How many Residency Administrative Staff cubicles are required?

NOTE: GP indicates that a guideplate exists for that particular Room Code.

5.0 SPACE CRITERIA

RECEPTION AREA

Clinic Waiting	WRC01	22.30	240	Minimum. One per panel. 240 nsf for six providers or less. Maximum 300 nsf for seven or more providers. <u>Main waiting</u> : Recommend providing 67% of space for a main waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
	WRC02	5.57	60	Minimum. <u>Isolation waiting</u> : Negative pressure. Recommend providing 33% of space for a well waiting area. If programming does not allow for separate services (well waiting vs. main waiting), then combine waiting space appropriately.
Reception/Work Station (GP)	RECP2	23.23	250	One per panel. Provides reception counter for two FTEs and two workstations.
Pediatric Waiting (GP)	PLAY1	11.15	120	One per panel.
Interaction Cubicles	CLSC2	2.78	30	Two per panel. Provide in waiting area for patient self assessment and education.
Public Toilets	NA	NA	NA	This space is provided in the common areas. (See Section 6.1)

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PATIENT AREAS

Adult Screening	EXRG4	7.43	80	One per panel. If most screening will occur in exam rooms, provide two height/weight alcoves, but not both.
Height/Weight Alcove	PEHW1	3.72	40	Two per panel. Provide in lieu of adult screening room if most screening will occur in exam rooms.
Pediatric Screening	EXRG5	9.29	100	One per panel. Provide only if pediatric patients are empanelled.
Exam Rooms (GP)	EXRG3	11.15	120	Two exam rooms per provider, minus one isolation exam room per panel
Isolation Exam Room	EXRG6	13.01	140	One isolation exam room per panel
Isolation Toilet	TLTU1	4.65	50	One per panel, locate adjacent to isolation exam
Nurse Counseling Room	OFD03	9.29	100	One per nurse with direct patient appointments
Nurse Managed Clinic	EXRG3	11.15	120	One per nurse with direct patient-care. Used full time for that purpose.
Group Interaction Station	CRA01	23.23	250	Two per panel, unless panel has less than four providers, then only one for that panel
Treatment Room (GP)	TRGM1	16.26	175	One per panel
Procedure Room	TRPE1	16.26	175	One per two panels
Procedure Room Toilet	TLTU1	4.65	50	One per two panels. Locate adjacent to procedure room.
Patient Toilet (GP)	TLTU1	4.65	50	One per panel.

STAFF AND ADMINISTRATIVE AREAS

Provider (PCM) Office	OFA01	11.15	120	Single office, Standard Furniture. 1 per projected PCM (can include MDs, PAs, and NPs). Maximum of 8 PCMs per panel.
	OFA02			Single office, System Furniture - Private office
Management Offices	OFA01	9.29	100	One per management staff (who spend most of their day on administrative tasks). For AF this includes GPM and HCI.
	OFA02			
NCOIC Office	OFA01	9.29	100	One per panel.
	OFA02			
Nurse Workroom	OFA03	11.15	120	Minimum (two cubicles) or 60 nsf per nurse (excludes nurse staff with direct patient apptmts or those with a management office). There must be at least two floor nurses in a panel to justify this space. System furniture cubicles.
Technician Workroom	OFA03	7.43	80	Minimum. Provide generic desks for 50% of the medical technician staffing at 40 nsf per desk. This is to be a shared workspace for all techs.
Copy Alcove/Room	RPR01	5.57	60	Minimum. 60 nsf if area only serves one panel. 100 nsf if area serves two or more panels.

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STAFF AND ADMINISTRATIVE AREAS Continued

Staff Lounge /Team Conference Room (GP)	SL002	23.23	250	One per panel.
Staff Toilet (GP)	TLTU1	4.65	50	One per panel.
Staff Shower	TLTS1	3.72	40	One per every two panels. Do not provide if a locker room/shower open to all staff is provided in facility.
Appointment Cubicles	OFA03	5.57	60	Minimum. Add 60 nsf for each appointment clerk. This room is authorized if appointments are decentralized.
Form/Literature Storage	SRS01	9.29	100	One per two panels
Patient Records Area	MRS01	11.15	120	Minimum. Fixed Shelving. When records stored in clinic. See section 2.5 for increased sizing.
	MRS02			Movable shelving

CLINICAL SUPPORT AREAS

Decon/Scope Wash Room	USCL2	9.29	100	One per two procedure rooms if no CSS suite provided for the panels
CSS Suite	CSDE1	11.15	120	One per department. Provide in lieu of decon room only if facility has no other CSS or DIPC function. Includes 120 nsf for decon and 140 nsf for sterile room.
	CSSS1	13.01	140	
Equipment Storage	SRS01	9.29	100	One per two procedure rooms
Wheelchair Storage	SRLW1	1.86	20	One per panel.
Crash Cart Alcove	RCA01	1.86	20	One per panel.
Clean Utility Room (GP)	UCCL1	7.43	80	One per panel.
Soiled Utility Room (GP)	USCL1	5.57	60	One per panel.

ANCILLARY SERVICES AREA:

Clinic Specimen Laboratory (GP)	LBSP1	9.29	100	(OPTIONAL) One per panel, if specimen collection will occur there. Add 20 nsf for each additional panel served. Do not provide if this function will be handled in the main lab or in the physical exams area.
Specimen Toilet (GP)	TLTU1	4.65	50	One per panel served if specimen lab provided.
Immunizations Room (GP)	OPIR1	20.44	220	One authorized if no separate allergy/immunizations clinic. Provide an additional 100 nsf for each additional injection station over 1 (# of stations = injections per week/(20 inj per hour X 35 hr per wk).
Immunizations Holding	WRL01	7.43	80	One authorized per immunizations room
Immunizations Waiting	WRC01	1.39	15	Per seat if waiting room is not shared with one of the PCM panels. 12 chairs per injection station.

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ANCILLARY SERVICES AREA: Continued

Treadmill Room (GP)	OPTM1	20.44	220	One authorized if pulmonary service will be collocated with multidisciplinary PCM panel that includes internal medicine providers.
Pulmonary Screening (GP)	OPPS1	11.15	120	One authorized if pulmonary service will be collocated with multidisciplinary PCM panel that includes internal medicine providers.
EKG Testing (GP)	OPEC1	11.15	120	One authorized if PCM panel includes internal medicine providers and EKG room is not provided elsewhere in the MTF.